

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION  
RECEIPT AND VERIFICATION

TO: IRA BODENSTEIN, UNITED STATES TRUSTEE

CASE NAME: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

I, \_\_\_\_\_ DECLARE UNDER PENALTY OF PERJURY  
THAT I AM THE DULY AUTHORIZED REPRESENTATIVE OF THE DEBTOR IN POSSESSION  
DESIGNATED TO OPERATE THE BUSINESS OF \_\_\_\_\_, AND AS SUCH  
I HEREBY ACKNOWLEDGE RECEIPT FROM THE UNITED STATES TRUSTEE OF THE  
OPERATING INSTRUCTIONS AND REPORTING REQUIREMENTS. I HAVE READ AND  
UNDERSTAND THE INSTRUCTIONS AND AGREE TO COMPLY WITH THEM.

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

I, \_\_\_\_\_, COUNSEL FOR THE DEBTOR IN POSSESSION,  
HAVE REVIEWED AND DISCUSSED THE OPERATING INSTRUCTIONS AND REPORTING  
REQUIREMENTS WITH THE SIGNATORY ABOVE.

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

EXHIBIT "A"  
IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: \_\_\_\_\_ CASE NO. \_\_\_\_\_

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending \_\_\_\_\_, 20\_\_\_\_

BEGINNING BALANCE IN ALL ACCOUNTS \$ \_\_\_\_\_

RECEIPTS:

1. Receipts from operations \$ \_\_\_\_\_

2. Other Receipts \$ \_\_\_\_\_

DISBURSEMENTS:

3. Net payroll:

a. Officers \$ \_\_\_\_\_

b. Others \$ \_\_\_\_\_

4. Taxes

a. Federal Income Taxes \$ \_\_\_\_\_

b. FICA withholdings \$ \_\_\_\_\_

c. Employee's withholdings \$ \_\_\_\_\_

d. Employer's FICA \$ \_\_\_\_\_

e. Federal Unemployment Taxes \$ \_\_\_\_\_

f. State Income Tax \$ \_\_\_\_\_

g. State Employee withholdings \$ \_\_\_\_\_

h. All other state taxes \$ \_\_\_\_\_

5. Necessary expenses:

a. Rent or mortgage payments(s) \$ \_\_\_\_\_

b. Utilities \$ \_\_\_\_\_

c. Insurance \$ \_\_\_\_\_

d. Merchandise bought for  
manufacture or sale \$ \_\_\_\_\_

e. Other necessary expenses

(specify)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL DISBURSEMENTS \$ \_\_\_\_\_

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$ \_\_\_\_\_

ENDING BALANCE IN \_\_\_\_\_ \$ \_\_\_\_\_

(Name of Bank)

ENDING BALANCE IN \_\_\_\_\_ \$ \_\_\_\_\_

(Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS \$ \_\_\_\_\_

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EXHIBIT "B"

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

RECEIPTS LISTING

FOR MONTH ENDING \_\_\_\_\_, 20\_\_

Bank: \_\_\_\_\_

Location: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

DATE RECEIVED DESCRIPTION AMOUNT

TOTAL: \_\_\_\_\_

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

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IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

DISBURSEMENT LISTING

FOR MONTH ENDING \_\_\_\_\_, 20\_\_\_\_

Bank: \_\_\_\_\_

Location: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

DATE DISBURSED CHECK NO. DESCRIPTION AMOUNT

TOTAL: \_\_\_\_\_

You must create a separate list for each bank account from which disbursements were made during the month.

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IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

FOR MONTH ENDING \_\_\_\_\_, 20\_\_\_\_

STATEMENT OF INVENTORY

Beginning inventory \$\_\_\_\_\_

Add: purchases \$\_\_\_\_\_

Less: goods sold \$\_\_\_\_\_

(cost basis)

Ending inventory \$\_\_\_\_\_

PAYROLL INFORMATION STATEMENT

Gross payroll for this period \$\_\_\_\_\_

Payroll taxes due but unpaid \$\_\_\_\_\_

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

Name of Creditor/	Date of payment	regular Amount	Number of Payments	Amount of Payments
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Lessor is due Payment Delinquent\* Delinquent\*

\* Include only post-petition payments.

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IN THE UNITED STATES BANKRUPTCY COURT

FOR THE NORTHERN DISTRICT OF ILLINOIS

EASTERN DIVISION

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

FOR MONTH ENDING \_\_\_\_\_, 20\_\_\_\_

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance \$\_\_\_\_\_

Add: sales on account \$\_\_\_\_\_

Less: collections \$\_\_\_\_\_

End of month balance \$\_\_\_\_\_

0-30 31-60 61-90 Over 90 End of Month

Days Days Days Days TOTAL

\$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance \$\_\_\_\_\_

Add: credit extended \$\_\_\_\_\_

Less: payments of account \$ \_\_\_\_\_

End of month balance \$ \_\_\_\_\_

0-30 31-60 61-90 Over 90 End of Month

Days Days Days Days TOTAL

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE SCHEDULE  
AND FILE WITH THIS REPORT

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IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

FOR MONTH ENDING \_\_\_\_\_, 20\_\_\_\_

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

1. Federal Income Taxes Yes ( ) No ( )
2. FICA withholdings Yes ( ) No ( )
3. Employee's withholdings Yes ( ) No ( )
4. Employer's FICA Yes ( ) No ( )
5. Federal Unemployment Taxes Yes ( ) No ( )
6. State Income Tax Yes ( ) No ( )
7. State Employee withholdings Yes ( ) No ( )
8. All other state taxes Yes ( ) No ( )

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

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<b>Form 6123</b>  (Rev. 06-97)	Department of the Treasury-Internal Revenue Service  <b>Verification of Fiduciary's Federal Tax Deposit</b>
<b>Do not attach this Notice to your Return</b>	
<b>TO</b>	District Director, Internal revenue Service  Attn: Chief, Special Procedures Function
<b>FROM:</b>	Name of Taxpayer
	Taxpayer Address
The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court  (complete sections 1 and/or 2 as appropriate):	

<b>Section 1</b>  Taxes Reported on  Form 941, Employer's Quarterly Federal Tax Return	<b>Form 941 Federal Tax Deposit (FTD) Information</b>  for the payroll period from to  Payroll date  Gross wages paid to employees \$  Income tax withheld \$  Social Security (Employer's plus Employee's share of Social Security Tax) \$  Tax Deposited \$  Date Deposited	
<b>Section 2</b>  Taxes Reported on  Form 940, Employer's Annual Federal Unemployment Tax Return	<b>Form 940 Federal Tax Deposit (FTD) Information</b>  for the payroll period from to  Gross wages paid to employees \$  Tax Deposited \$  Date Deposited	
<p align="center"><b>Certification</b></p> <p align="center"><b>(Certification is limited to receipt or electronic transmittal of deposit only)</b></p> <p>This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15)</p>		
Deposit Method Form 8109/8109B Federal Tax Deposit (FTD) coupon  (check box) Electronic Federal Tax Payment System (EFTPS) Deposit		
Amount (Form 941 Taxes)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Amount (Form 940 Taxes)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Depositor's Employer  Identification Number:		Name and Address of Bank
Under penalties of perjury, I certify that the above federal tax deposit information is true and correct		
Signed: Date:		
Name and Title  (print or type)		

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**DECLARATION UNDER PENALTY OF PERJURY**

I, \_\_\_\_\_, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.

\_\_\_\_\_  
For the Debtor In Possession (Trustee)

Print or type name and capacity of  
person signing this Declaration:

\_\_\_\_\_  
\_\_\_\_\_

DATED:\_\_\_\_\_

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IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION



CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

Office of the U.S. Trustee

227 W. Monroe Street; Suite 3350

Chicago, IL 60606

Debtor:

\_\_\_\_\_ Notice Date: \_\_\_\_\_

\_\_\_\_\_ Account Number: \_\_\_\_\_

\_\_\_\_\_ Amount Due: \_\_\_\_\_

## NOTICE OF UNPAID FEES AND IMPENDING COLLECTION ACTIONS

According to the accounts receivable records, you owe the above amount to the United States Trustee in unpaid quarterly fee charges. If you do not pay this debt or take other action described below before \_\_\_\_\_, the United States Trustee will submit your debt to the U.S. Department of Treasury for further collection. Interest, penalties, and other charges for costs may be added to the amount you owe. Payment must be sent to the above address.

Once your debt is sent to the Department of Treasury, Treasury will take all authorized collection actions, including reporting the debt to credit reporting agencies and engaging private collection agencies as necessary. The debt will also be submitted to the Treasury Offset Program which means the debt will be deducted from eligible payments that are owed to you by the federal government, including but not limited to tax refunds. The Treasury Offset Program is authorized by the Debt Collection Act of 1982 and the Debt Collection Improvement Act of 1996. You may not receive another notice before your payment is offset.

Before we submit your debt to the Treasury Offset Program, we are required to tell you the following: (1) you may inspect and copy our records related to your debt; (2) you may request a review of our determination that you owe this debt; and (3) you may enter into a written repayment agreement if it is acceptable to the United States Trustee. If you are interested in these options, please send a written request to the above address.

If you make or provide any knowingly false or frivolous statements, representations, or evidence, you

may be liable for penalties under the False Claims Act (31 U.S.C. §§ 286, 287, 1001, and 1002), or other applicable statutes.

If you have any questions about this letter or your rights, you should immediately contact your local field office at the above address.

EXHIBIT "C"

U. S. TRUSTEE QUARTERLY FEE STATEMENT

Pursuant to Fed. R. Bankr. P. 2015(a)(5)

FOR CALENDAR QUARTER ENDING \_\_\_\_\_, 20\_\_\_\_

DISBURSEMENTS\*

1. MONTH DISBURSEMENTS

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL DISBURSEMENTS

FOR QUARTER \$ \_\_\_\_\_

2. QUARTERLY FEE OWED PURSUANT TO \$ \_\_\_\_\_

28 U.S.C. §1930(A)(6)

3. QUARTERLY FEE PAID \$ \_\_\_\_\_

(Attach proof of payment)

4. AMOUNT OF UNPAID FEES (IF ANY) \$\_\_\_\_\_

I,\_\_\_\_\_ acting as the duly authorized agent for the Debtor In Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED:\_\_\_\_\_

For the Debtor In Possession (Trustee) (Plan Administrator)

(Print or type name and \_\_\_\_\_  
capacity of person signing  
this Declaration). \_\_\_\_\_

\* For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

EXHIBIT "D"  
IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS

EASTERN DIVISION

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS

FOR CALENDAR QUARTER ENDING \_\_\_\_\_, 20\_\_\_\_

1. Were any payments required to be made  
under the plan this past calendar quarter? yes\_\_\_\_\_ no\_\_\_\_\_

2. If yes, were all required payments made? yes\_\_\_\_\_ no\_\_\_\_\_

3. If not, on a separate schedule, state the name, address and telephone number of each unpaid creditor,  
the amount due and the reason payment was not made.

I, \_\_\_\_\_ acting as the duly authorized agent under the  
confirmed plan declare under penalty of perjury under the laws of the United States that I have read and  
certify that the information listed in this U.S. Trustee Quarterly Report on Status of Plan Payments is true  
and correct as of the date of this report to the best of my knowledge, information and belief.

DATED:\_\_\_\_\_

For the Debtor In Possession (Trustee) (Plan Administrator)

(Print or type name and \_\_\_\_\_

capacity of person signing

this Declaration). \_\_\_\_\_

EXHIBIT "E"